South Carolina 2017 List of Reportable Conditions

Attention: Health Care Facilities, Physicians, and Laboratories

South Carolina Law §44-29-10 and Regulation §61-20 require reporting of conditions on this list to the regional public health department. South Carolina Law §44-53-1380 requires reporting by laboratories of all blood lead values in children under 6 years of age.

HIPAA: Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512)

! Immediately reportable by phone call to a live person at the regional public health office, 24/7

*** Urgently reportable within 24 hours by phone**

All other conditions reportable within 3 business days

REPORT UPON RECOGNITION OF A SUSPECTED CASE, DIAGNOSIS, OR POSITIVE LABORATORY EVIDENCE (SEE "HOW TO REPORT" BELOW)

Suspected means clinical suspicion and/or initial laboratory detection, isolation, identification, or presence of supportive laboratory results.

☣ ! **Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (5)**
* Animal (mammal) bites (6)
☣ ! Anthrax (Bacillus anthracis) (5)
Babesiosis *(Babesia microti)*
☣ ! **Botulism (*Clostridium botulinum* or Botulinum toxin)**
☣ * Brucellosis *(Brucella)* (5)
Campylobacteriosis (2) (5)
Carbapenem-resistant Enterobacteriaceae (CRE) (5) (9) (10)
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) (5) (10) (12)
Chancroid *(Haemophilus ducreyi)*
* Chikungunya (5)
Chlamydia trachomatis
* Ciguatera
Creutzfeldt-Jakob Disease (Age < 55 years only)
Cryptosporidiosis (*Cryptosporidium*)
Cyclosporiasis *(Cyclospora)*
* Dengue (5)
* Diphtheria *(Corynebacterium diphtheriae)* (5)
* Eastern Equine Encephalitis (EEE) (5)
* *Escherichia coli*, Shiga toxin – producing (STEC) (5)
Ehrlichiosis / Anaplasmosis *(Ehrlichia / Anaplasma phagocytophilum)*
Giardiasis *(Giardia)*
Gonorrhea *(Neisseria gonorrhoeae)* (2)
* *Haemophilus influenzae*, all types, invasive disease (H flu) (2) (3) (5)
* Hantavirus
* Hemolytic uremic syndrome (HUS), post-diarrheal
* Hepatitis (acute) A, B, C, D, & E
Hepatitis (chronic) B, C, & D
Hepatitis B surface antigen + with each pregnancy
HIV and AIDS clinical diagnosis
HIV CD4 test results (all results) (L)
HIV subtype, genotype, and phenotype (L)
HIV 1 or HIV 2 positive test results (detection and confirmatory tests) (L)
HIV viral load (all results) (L)
HIV HLA-B5701 and co-receptor assay (L)
! **Influenza A, avian or other novel strain**
* Influenza associated deaths (all ages)
Influenza
- Lab-confirmed cases (culture, RT-PCR, DFA, IFA) (2)
- Lab-confirmed hospitalizations (7)
- Positive rapid antigen detection tests (7)

* La Crosse Encephalitis (LACV) (5)
Lead tests, all results - indicate venous or capillary specimen
Legionellosis
Leprosy *(Mycobacterium leprae)* (Hansen's Disease)
Leptospirosis
Listeriosis (5)
Lyme disease *(Borrelia burgdorferi)*
Lymphogranuloma venereum
Malaria *(Plasmodium)*
! **Measles (Rubeola)**
! **Meningococcal disease** *(Neisseria meningitidis)* **(2) (3) (4) (5)**
* Mumps
* Pertussis *(Bordetella pertussis)*
☣ ! **Plague *(Yersinia pestis)* (5)**
! **Poliomyelitis**
☣ Psittacosis *(Chlamydophila psittaci)*
☣ * Q fever *(Coxiella burnetii)*
! **Rabies (human)**
Rabies Post Exposure Prophylaxis (PEP) when administered (6)
* Rubella (includes congenital)
Rocky Mountain Spotted Fever *(Rickettsia rickettsii)* (Spotted Fever group)
* Salmonellosis (2) (5)
Shiga toxin positive (5)
Shigellosis (2) (5)
☣ ! **Smallpox (Variola)**
* *Staphylococcus aureus*, vancomycin-resistant or intermediate with a VA >6 MIC (VRSA/VISA) (2) (5)
Streptococcus group A, invasive disease (2) (3)
Streptococcus group B, age < 90 days (2)
Streptococcus pneumoniae, invasive (pneumococcal) (2) (3) (11)
* St. Louis Encephalitis (SLEV) (5)
* Syphilis: congenital, primary, or secondary (lesion or rash) or Darkfield positive
Syphilis: early latent, latent, tertiary, or positive serological test
Tetanus *(Clostridium tetani)*
Toxic Shock (specify staphylococcal or streptococcal)
* Trichinellosis *(Trichinella spiralis)*
* Tuberculosis *(Mycobacterium tuberculosis)* (5) (8)
☣ * Tularemia *(Francisella tularensis)* (5)
* Typhoid fever *(Salmonella typhi)* (2) (5)
☣ * Typhus, epidemic *(Rickettsia prowazekii)*
Varicella
* Vibrio, all types, including *Vibrio cholerae* O1 and O139 (5)
☣ ! **Viral Hemorrhagic Fevers (Ebola, Lassa, Marburg viruses)**
* West Nile Virus (5)
* Yellow Fever
Yersiniosis (*Yersinia*, not *pestis*)
* Zika (5)

☣ **Potential agent of bioterrorism**
(L) Only Labs required to report.

1. An outbreak is the occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time. Clinical specimens may be required.
2. Include drug susceptibility profile
3. Invasive disease = isolated from normally sterile site. Always specify site of isolate.
4. Report Gram-negative diplococcic in blood or CSF.
5. Specimen submission to the Public Health Laboratory is required. Ship immediately and urgently reportables within 1 business day. Ship 3 day reportables within 3 business days. Contact regional staff if assistance is needed.
6. Rabies exposure prophylaxis guidance: www.scdhec.gov/environment/envhealth/rabies/rabies-pep.htm. Consultation is available from DHEC Regional Public Health Office.
7. Report aggregate totals weekly.
8. Report all cases of suspect and confirmed tuberculosis (TB). A suspect case of TB is a person whom a health care provider suspects TB based on signs, symptoms, and/or laboratory evidence of TB. Centers for Disease Control and Prevention case definition of confirmed cases: https://wwwn.cdc.gov/nndss/conditions/tuberculosis.
9. Carbapenem-resistant Enterobacteriaceae infections from all specimen types for the following species: *E. Coli, Enterobacter,* and *Klebsiella*.
10. Appropriate specimen types: A pure, low passage isolate submitted on a noninhibitory, non-selective agar plate or slant is preferred. If available submit one original culture plate.
11. Specimen submission to the Public Health Laboratory is required for *Streptococcus pneumoniae*, invasive in cases < 5 years of age.
12. Specimen submission of the first isolate of the month to the Public Health Laboratory is required for Carbapenem-resistant *Pseudomonas aeruginosa*.

What to Report

- Patient's name
- Patient's complete address, phone, county, date of birth, race, sex, last five digits of social security number
- Physician's name and phone number
- Name, institution, and phone number of person reporting
- Disease or condition
- Date of diagnosis
- Symptoms
- Date of onset of symptoms
- Lab results, specimen site, collection date
- If female, pregnancy status
- Patient status: In childcare, food-handler, health care worker, childcare worker, nursing home, prisoner/detainee, travel in last 4 weeks

How to Report

HIV, AIDS, and STDs (excluding Hepatitis):

Do not fax HIV, AIDs, or STD results to DHEC

- Call 1-800-277-0873;
- Submit electronically via DHEC's web-based reporting system; or
- Mail to: *Division of Surveillance & Technical Support*
  Mills/Jarrett Complex
  Box 101106, Columbia, SC 29211

Lead:

- Submit electronically via DHEC's web-based reporting system; or
- Mail to: *Bureau of Health Improvement & Equity, Lead Surveillance*
  c/o Brian Humphries,
  Sims-Aycock Building, 2600 Bull Street,
  Columbia, SC 29201
- Fax to: (803) 898-3236; or
- Call (803) 898-3641 to establish electronic reporting

Where to Report Other Conditions

Report all other conditions to the public health office (listed below) in the region in which the patient resides.

Immediate and Urgent Reporting (TELEPHONE)

Lowcountry

Berkeley, Charleston, Dorchester
Phone: (843) 953-0043

Beaufort, Colleton, Hampton, Jasper
Phone: (843) 549-1516 ext. 218

Allendale, Bamberg, Calhoun, Orangeburg
Phone: (803) 268-5833

Nights/Weekends
Phone: (843) 441-1091

Midlands

Kershaw, Lexington, Newberry, Richland
Phone: (803) 576-2749

Chester, Fairfield, Lancaster, York
Phone: (803) 286-9948

Aiken, Barnwell, Edgefield, Saluda
Phone: (803) 642-1618

Nights/Weekends
Phone: (888) 801-1046

Pee Dee

Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro
Phone: (843) 661-4830

Clarendon, Lee, Sumter
Phone: (803) 773-5511

Georgetown, Horry, Williamsburg
Phone: (843) 915-8804

Nights/Weekends
Phone: (843) 915-8845

Upstate

Anderson, Oconee
Phone: (864) 260-5581

Abbeville, Greenwood, McCormick
Phone: (864) 260-5581

Cherokee, Greenville, Laurens, Pickens, Spartanburg, Union
Phone: (864) 372-3133

Nights/Weekends
Phone: (866) 298-4442

3-Day Reporting (MAIL or FAX)

Lowcountry
4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Fax: (843) 953-0051

Midlands
2000 Hampton Street
Columbia, SC 29204
Fax: (803) 576-2993

Pee Dee
145 E. Cheves Street
Florence, SC 29506
Fax: (843) 661-4859

Upstate
200 University Ridge
Greenville, SC 29602
Fax: (864) 282-4373

Where to Report Tuberculosis

Report to the public health office (listed below) in the region in which the patient resides.

Lowcountry

Berkeley, Charleston, Dorchester
Office: (843) 719-4612
Fax: (843) 719-4778

Allendale, Bamberg, Beaufort, Calhoun, Colleton, Hampton, Jasper, Orangeburg
Office: (843) 549-1516 ext. 222
Fax: (843) 549-6845

Midlands

Chester, Kershaw, Lancaster, Newberry, York
Office: (803) 909-7357
Fax: (803) 327-4391

Aiken, Barnwell, Edgefield, Fairfield, Lexington, Richland, Saluda
Office: (803) 576-2870
Fax: (803) 576-2880

Pee Dee

Dillon, Georgetown, Horry, Marion
Office: (843) 915-8798
Fax: (843) 915-6504

Chesterfield, Clarendon, Darlington, Florence, Lee, Marlboro, Sumter, Williamsburg
Office: (843) 673-6693
Fax: (843) 661-4844

Upstate

Cherokee, Spartanburg, Union
Office: (864) 596-2227 ext. 108
Fax: (864) 596-3340

Abbeville, Anderson, Greenwood, Laurens, McCormick, Oconee, Pickens
Office: (864) 260-5562
Fax: (864) 260-5564

Greenville
Office: (864) 372-3198
Fax: (864) 282-4294

Nights/Weekends/Holidays: (803) 898-0558 **Fax:** (803) 898-0685

dhec
Healthy People. Healthy Communities.

DHEC Bureau of Disease Control
Division of Acute Disease Epidemiology • 2100 Bull Street • Columbia, SC 29201
Phone: (803) 898-0861 • Fax: (803) 898-0897 • Nights/Weekends: (888) 847-0902
www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC

To learn about DHEC's web-based reporting system, call 1-800-917-2093.

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